

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SER.

10/542701

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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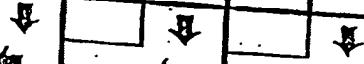
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TOTAL IND.



TOTAL DEF.



TOTAL CLAIMS



AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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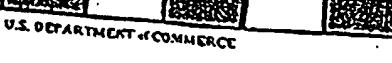
TOTAL IND.



TOTAL DEF.



TOTAL CLAIMS



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